COUNTY OF SAN DIEGO - WRITTEN DISCLOSURE (PURSUANT TO SECTION 1000.1 OF THE SAN DIEGO COUNTY CHARTER) FILER INFORMATION: (Please type or print in ink) NORTHEOP CRAMMAN INFORMATION ECHAGO INC. (NAME OF CONTRACTOR [INDIVIDUAL OR ENTITY] OR REGISTERED LOBBYIST) (TELEPHONE NO INCLUDING AREA CODE) 703 713 4856		(Clerk's Use Only - Date and Time Stamp) COLUMN OF SAN DOLGO ELABOR OF SAN DOLGO CERT OF THE HOMED OF SAN ELABORED					
DECONTRACTOR Lobbyist (Check one) SUPPLEMENTAL FORM (Check if presenting at Board of Supy. Mtg.) DISCLOSURE COVERS PERIOD FROM			Board Mtg. Date: 1-24-06 Agenda Item: 11 Communication Rec'd.: County Department Contact: Name Department EARCHASING CONTRACTING Phone: (358) 694 305 7				
REPORTABLE DISCLOSURE: (Check Ye	s or No below)						
YES If you HAVE gifts and/or contributions to report, please complete Sections A and/or B, as applicable, and Sections C, D, and E							
	ts and NO contributions to report,	please comp	olete Section D an	d E only			
A. REPORTABLE DISCLOSURE - GIFTS							
NAME OF RECIPIENT (Name of Board Member or immediate family member)	NAME & TITLE OF DONOR	DATE OF GIFT	DESCRIPTION OF GIFT	AMOUNT/ VALUE			
* Attach additional pages if necessary							
B. REPORTABLE DISCLOSURE - CAMPA	IGN CONTRIBUTIONS * (ANY AMOUNT	1)					
NAME OF RECIPIENT (Name of Board Mem or Controlled Committee receiving campaign contribution)	NAME & TITLE OF CONTRIBUTOR	DATE OF CONTRIBUTION AMOUN		AMOUNT			
* Attach additional pages if necessary							
D. VERIFICATION I have used all reasonable diligence in disclosure and to the best of my know complete. A. M.	preparing this disclosure. I declare und	ler penalty of pand in any atta	perjury that I have reached schedules is tr	eviewed this			
Signature of Lobbyist or Signature & T Executed at:	itle of Person Submitting Disclosur	re for Contra ty and State)	actor) Date: 2	3 <u>De</u> c <i>3</i> 0			
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FILER INFORMATION: (Please type or print in ink)

(NAME OF CONTRACTOR [INDIVIDUAL OR ENTITY] OR REGISTERED LOBBYIST)

Additional Page:

A. REPORTABLE DISCLOSURE – GIFTS (AGGREGATING \$50.00 OR MORE)							
NAME OF RECIPIENT (Name of Board Member or immediate family member)	NAME & TITLE OF DONOR	DATE OF GIFT	DESCRIPTION OF GIFT	AMOUNT/ VALUE			

B. REPORTABLE DISCLOSURE - CAMPAIGN CON	TRIBUTIONS (ANY AMOUNT)		
NAME OF RECIPIENT (Name of Board Member or Controlled Committee receiving campaign contribution)	NAME & TITLE OF CONTRIBUTOR	DATE OF CONTRIBUTION	AMOUNT
New: 01/10/01			